## AMENDED IN ASSEMBLY MAY 2, 2006 AMENDED IN ASSEMBLY APRIL 6, 2006 AMENDED IN ASSEMBLY MARCH 28, 2006

CALIFORNIA LEGISLATURE—2005-06 REGULAR SESSION

## ASSEMBLY BILL

No. 2745

## **Introduced by Assembly Member Jones**

February 24, 2006

An act to amend Section 1262.5 of the Health and Safety Code, relating to health facilities.

## LEGISLATIVE COUNSEL'S DIGEST

AB 2745, as amended, Jones. Hospitals: discharge plans: homeless persons. patients.

Existing law provides for the licensure and regulation of health facilities by the State Department of Health Services. A violation of these provisions is a crime. Existing law requires each hospital to have in effect a written discharge planning policy and process that requires appropriate arrangements for posthospital care and a process that requires that each patient be informed, orally or in writing, of the continuing care requirements following discharge from the hospital, as specified.

This bill would require that each hospital develop, within the discharge planning policy and process, a protocol specific to the needs of homeless—individuals patients, as defined, containing specified information. The bill would prohibit the protocol from permitting the relocation of homeless individuals, for the purpose of receiving support services, from one county to another—county agency or county's social service agency or health care service provider without

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prior written notification to the recipient county agency or *health care* service provider, or both. The bill would require that the county board of supervisors in the county where the hospital is located review and either approve, approve with modifications, or reject the protocol the hospital provide the protocol to the county board of supervisors in the county where the hospital is located, and would require the county board of supervisors to review the protocol. The bill would require the hospital, if the protocol is rejected, to submit a revised protocol for approval by the board of supervisors. The bill would require that a hospital with an approved protocol resubmit its protocol to the board of supervisors for review and reapproval not less than once every 5 years. The bill would authorize the hospitals in the county, to the extent that there are multiple hospitals in a county, to jointly develop a protocol for review by the board of supervisors of that county.

By imposing duties upon county boards of supervisors and by creating a new crime, this bill would result in a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- SECTION 1. Section 1262.5 of the Health and Safety Code is amended to read:
- 3 1262.5. (a) Each hospital shall have a written discharge planning policy and process.
- 5 (b) (1) The policy required by subdivision (a) shall require 6 that appropriate arrangements for posthospital care, including,
- 7 but not limited to, care at home, in a skilled nursing or
- 8 intermediate care facility, or from a hospice, are made prior to

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discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. If the hospital determines that the patient and family members or interested persons need to be counseled to prepare them for posthospital care, the hospital shall provide for that counseling.

- (2) (A) Each hospital shall develop a protocol specific to the needs of homeless-individuals patients, which shall be included in the policy required by subdivision (a).
- (B) This protocol shall, include, but not be limited to, the collection of patient information including the name, age, ethnicity, *primary language, disability*, number of previous hospital admissions in the past 12 months, and length of stay. The collection of that information shall be in accordance with applicable laws and regulations governing patient confidentiality.
- (C) The protocol shall not permit the relocation of homeless individuals, for the purpose of receiving supportive services, from one county to another county agency or county's social service agency or health care service provider, without written prior notification to the recipient county agency or social service agency or health care service provider, or both.
- (D) The county board of supervisors in the county where the hospital is located shall review and either approve, approve with modifications, or reject the protocol. If the protocol is rejected, the hospital shall submit a revised protocol for approval by the board of supervisors. To the extent that there are multiple hospitals in a county, the hospitals may jointly develop a protocol for the board of supervisor's approval.
- (E) A hospital with an approved protocol shall resubmit the protocol to the board of supervisors for review and reapproval not less than once every five years.
- (D) The hospital shall provide the protocol to the county board of supervisors in the county where the hospital is located, and the county board of supervisors shall review the protocol. To the extent that there are multiple hospitals in a county, the hospitals in the county may jointly develop a protocol for review by the board of supervisors of that county.

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(E) For purposes of this subparagraph, "homeless individual" section, "homeless patient" means an individual who lacks a

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fixed and regular nighttime residence, or has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, or who is residing in a public or private place not designed to provide temporary living accommodations or ordinarily used as a sleeping accommodation for human beings.

- (c) The process required by subdivision (a) shall require that the patient be informed, orally or in writing, of the continuing health care requirements following discharge from the hospital. The right to information regarding continuing health care requirements following discharge shall apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient, if the patient is unable to make those decisions for himself or herself. In addition, a patient may request that friends or family members be given this information, even if the patient is able to make his or her own decisions regarding medical care.
- (d) (1) A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part-skilled nursing or intermediate care service unit of the hospital. The transfer summary shall include essential information relative to the patient's diagnosis, hospital course, pain treatment and management, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan, and shall be signed by the physician.
- (2) A copy of the transfer summary shall be given to the patient and the patient's legal representative, if any, prior to transfer to a skilled nursing or intermediate care facility.
- (e) A hospital shall establish and implement a written policy to ensure that each patient receives, at the time of discharge, information regarding each medication dispensed, pursuant to Section 4074 of the Business and Professions Code.
- (f) A contract between a general acute care hospital and a health care service plan that is issued, amended, renewed, or delivered on or after January 1, 2002, may not contain a provision that prohibits or restricts any health care facility's compliance with the requirements of this section.
- SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school

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district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.